

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/530,246</td> </tr> <tr> <td>Filing Date</td> <td>0/0/2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Eric Hollander</td> </tr> <tr> <td>Art Unit</td> <td>1618</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Attorney Docket Number</td> <td>HOL02-06US</td> </tr> </table>	Application Number	10/530,246	Filing Date	0/0/2005	First Named Inventor	Eric Hollander	Art Unit	1618	Examiner Name		Attorney Docket Number	HOL02-06US
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Filing Date	0/0/2005												
First Named Inventor	Eric Hollander												
Art Unit	1618												
Examiner Name													
Attorney Docket Number	HOL02-06US												

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 36,814

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number: 36,814

OR

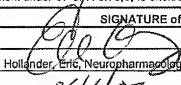
<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Hollander, Eric, Neuropharmacology Services, LLC		
Date	8/11/07	Telephone	212-659-8287

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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